

# CONSENT BY PARENT OR GUARDIAN FOR APPLICATION BY MINOR STUDENT FOR STATE BOARD OF EDUCATION MEMBERSHIP

The undersigned parent/guardian of \_\_\_\_\_, states as follows:

1. My child's date of birth is \_\_\_\_\_.
2. My child has my consent to file the foregoing application and to serve, if appointed, as the nonvoting member of the Iowa State Board of Education. I make this consent based on my assessment of my child's interest in serving on the board and his or her ability to participate in board activities without harmful effect to his or her academic achievement.
3. I acknowledge that Iowa Code section 256.5A requires that I supervise my child while s/he is participating in official board activities other than such activities that take place in the community in which my child and I reside. **If I determine that such supervision is not necessary for my child, I understand that I must submit a signed release to the Iowa Department of Education.**
4. I may withdraw this consent, in writing, at any time that I determine that membership on the state board is contrary to my child's best interests.

NOTE TO PARENTS:

The state board of education meets approximately 9 – 10 times per term. Most meetings are held in Des Moines, but 2 – 3 activities may be held at other communities in the State. The Iowa Department of Education provides mileage reimbursement, but does not provide direct transportation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

Home address: \_\_\_\_\_  
Street City Zip

Home telephone number: \_\_\_\_\_

Work address: \_\_\_\_\_  
Street City Zip

Work telephone number: \_\_\_\_\_